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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

\_\_\_\_\_ NONE D.H. 3/30/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

\_\_\_\_\_ NONE D.H. 3/30/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	6	20	2
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>SS D.H.</i>				

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## TITLE

Conference call reconnect system

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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